

Please Read Instructions

TRANSCRIPT ORDER

DUE DATE:

1. NAME Patrick K. Sweeten			2. PHONE NUMBER (512) 463-4139	3. DATE 5/19/2022	
4. DELIVERY ADDRESS OR EMAIL patrick.sweeten@oag.texas.gov			5. CITY Austin	6. STATE TX	7. ZIP CODE 78711
8. CASE NUMBER 5:21-cv-00844-XR	9. JUDGE Hon. Xavier Rodriguez	DATES OF PROCEEDINGS 10. FROM 5/13/2022 11. TO 5/13/2022			
12. CASE NAME LUPE, et al. v. Abbott, et al.			LOCATION OF PROCEEDINGS 13. CITY San Antonio 14. STATE TX		
15. ORDER FOR <input type="checkbox"/> APPEAL <input type="checkbox"/> CRIMINAL <input type="checkbox"/> CRIMINAL JUSTICE ACT <input type="checkbox"/> BANKRUPTCY <input checked="" type="checkbox"/> NON-APPEAL <input checked="" type="checkbox"/> CIVIL <input type="checkbox"/> IN FORMA PAUPERIS <input type="checkbox"/> OTHER					
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)					
PORTIONS		DATE(S)	PORTION(S)	DATE(S)	
<input type="checkbox"/> VOIR DIRE			<input type="checkbox"/> TESTIMONY (Specify Witness)		
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)					
<input type="checkbox"/> OPENING STATEMENT (Defendant)					
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)			<input type="checkbox"/> PRE-TRIAL PROCEEDING (Spcy)		
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)					
<input type="checkbox"/> OPINION OF COURT					
<input type="checkbox"/> JURY INSTRUCTIONS			<input checked="" type="checkbox"/> OTHER (Specify)	05/13/22	
<input type="checkbox"/> SENTENCING			Hearing on Motion to Compel		
<input type="checkbox"/> BAIL HEARING					
17. ORDER					
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS
ORDINARY	<input type="checkbox"/>	<input type="checkbox"/>	NO OF COPIES		
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO OF COPIES		
EXPEDITED	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	NO OF COPIES		
3-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO OF COPIES		
DAILY	<input type="checkbox"/>	<input type="checkbox"/>	NO OF COPIES		
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO OF COPIES		
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>			
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).				ESTIMATE TOTAL	0.00
18. SIGNATURE /s/ Patrick K. Sweeten				PROCESSED BY	
19. DATE 5/19/2022				PHONE NUMBER	
TRANSCRIPT TO BE PREPARED BY				COURT ADDRESS	
ORDER RECEIVED	DATE	BY			
DEPOSIT PAID			DEPOSIT PAID		
TRANSCRIPT ORDERED			TOTAL CHARGES	0.00	
TRANSCRIPT RECEIVED			LESS DEPOSIT	0.00	
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT			TOTAL REFUNDED		
PARTY RECEIVED TRANSCRIPT			TOTAL DUE	0.00	

DISTRIBUTION:

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ORDER RECEIPT

ORDER COPY